Testimony to the Virginia Legislature
Joint Commission on Healthcare
PO Box 1322
Richmond, VA 23218

Re: Healthy Living/Health Services Subcommittee meeting on August 3rd, 2016
Re: Virginia code §32.1-46
August 20th, 2016

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My name is Dr Suzanne Humphries. I am a medical doctor, board certified in Nephrology and trained in Internal Medicine. I hold active unrestricted medical licenses in Maine and Virginia. I also have a physics degree, and spent two years in a laboratory using techniques identical to those used for vaccine manufacture and testing.

You have welcomed the public to make submissions on the policy options on slide #58 and #59 of Stephen Weiss' presentation from August 3rd, 2016. The information upon which to make a choice is predicated on you accepting that what he said beforehand, was accurately portrayed.

This letter is specifically intended to address serious inaccuracies and misrepresentations stated by Stephen Weiss in his presentation to the subcommittee on August 3rd in Richmond, VA.

The argument of those advocating for elimination of religious exemptions often boils down to, "Can we grant these religious exemptions, in the face of a growing non-vaccinating population, when there is so much science showing vaccine safety, effectiveness and necessity?"

The claim by Mr. Weiss and the representative for Voices for Vaccines is that the religious exemption rate is growing, and fraudulent because the people taking the exemption are not "really sincerely religious". This claim ignores that fact that Virginia law historically protects freedom of conscience—not just religion.

There is specific protection of freedom of thought, conscience and religion in the Act for Religious Freedom authored by Thomas Jefferson and reaffirmed by the General Assembly in 2007, and those human rights are also acknowledged in the Universal Declaration of Human Rights issued by the UN in 1948. Virginia law requires "no test" of religious beliefs to exercise civil rights. Any change to this law is a privacy

violation.

The issue at hand should focus on the religious vaccine exemption and what it really represents. Instead, those who seek to limit exercise of religious beliefs and informed consent to medical decision-making, continue to pull the science card, as the basis for a need to change vaccine laws by insisting that so-called science justifies violating religious beliefs, to achieve public health protection. **However, science is only useful as a guide to lawmaking if the facts presented to you are accurate.**

As a scientist, medical doctor, (board certified internal medicine and nephrology) and author, who has spent thousands of hours since 2009 researching vaccines, I will focus on the serious shortcomings of the report Mr. Weiss wrote, which prejudice the ability of legislators and the public to rationally consider any of the policy options on slide #58 and #59.

**SMALLPOX**

Slide #7 addressed smallpox, which is a disease I studied extensively in order to write my fully referenced book "Dissolving Illusions: Disease, Vaccines, and the Forgotten History".[1] I have enclosed a copy of the book, which contains some chapters on the history of smallpox and the various vaccines used against it. It became clear during the course of my research that the vaccine had almost nothing to do with the drop in smallpox death rates.

Apparently having read shallowly on the history of the smallpox vaccines, Mr. Weiss inaccurately reports that the original vaccines were made from cowpox. Unfortunately it is not quite that simple. From Dissolving Illusions, starting on page 65 of my book:

> "The following excerpt from 1829, from the esteemed medical journal *The Lancet,* is interesting:
>
> *The lymph which Dr. Jenner then used, and which he had kept in circulation three or four years about Berkeley, had been taken by him, not from the cow, but the horse, and never subsequently passed through the constitution. In fact, the disease is an equine, not a vaccine [cow] pox, as he decisively ascertained before he died, obtained from the vesicles which arise upon the skin of the horse's legs, in consequence of an erysipelatous affection excited by the matter of grease . . . I have extracted an account from some country of a goat pox, which so resembled the vaccine, that the doctors inoculated with it, and found it an equal preservative. However, this equine lymph of Dr. Jenner produced a vesicle, which, he declared precisely resembled the natural cow-pox vesicle on the teat of the cow . . .*

[1] https://www.amazon.com/Dissolving-Illusions-Disease-Vaccines-Forgotten/dp/1480216895

After years of mixing different animal viruses and passing them through humans and back into cows again, an 1834 article cast doubt on how much vaccine virus even came from cows.

The standardization and purity of smallpox vaccines was lackluster even after the eradication of smallpox from the United States. Dr. Beddow Bayly's 1952 statements should leave everyone wondering how such a vaccine could have possibly been responsible for eradication of any disease:

*When we recall that* ***vaccine lymph is derived, in the first place, either from a smallpox corpse, the ulcerated udder of a cow, or the running sores of a sick horse's heels****, the choice de-pending upon the country of its origin and the firm which manufactures it, it is hardly to be wondered at that it has far-reaching ill effects on the human constitution. Years ago, the* ***Lancet declared that "no practitioner knows whether the lymph he employs is derived from smallpox, rabbit-pox, ass-pox, or mule-pox.****" Our own Ministry of Health has long confessed to complete ignorance of the ultimate source of its own supply of lymph; but last year Dr. A. Downie stated in the British Medical Journal that "the strain of vaccinia virus used for the routine preparation of lymph in this country [England] is believed to have been derived from a case of small-pox in Cologne during the last century." That, of course, disposes of the whole theory of cow-pox vaccination.*

Even modern smallpox vaccines do not actually contain cowpox or smallpox virus but a human/animal hybrid agent that never existed in nature until the era of vaccination. It has been cultivated over time by passing pox material back and forth between animals and humans. Today, vaccinia can infect wild animals such as water buffalo, as well as humans.

Some of the animals that have been used to passage today's vaccine virus include rabbits, mice, goats, cows, horses, sheep, and humans.

Dryvax, patented by the company that later became Wyeth, is the oldest smallpox vaccine and has been used since the late 1800s. The methods used to propagate Dryvax resulted in mixtures of viruses commonly called "quasispecies." In 2011, Qin et al. genetically characterized the modern Dryvax and stated that all brands of smallpox vaccines prior to the late 1990s were rarely subjected to clonal purification. They concluded that Dryvax was of horse and human viral origin, describing the vaccine as a "molecular fossil":

*These observations raise intriguing questions about the degree of genome diversity that can be found in old smallpox vaccines. In this communication, we have taken advantage of recent advances in DNA-sequencing technologies to explore this question in greater detail. Our results illustrate the remarkable complexity of the quasispecies that characterize stocks of old, unpurified smallpox vaccines and suggest that* ***the viruses that have been isolated to date represent only a small fraction of the diversity of viruses in these preparations****.*

To say that there is and always has been a great deal of confusion as to what viruses were in smallpox vaccines is a gross understatement. In 2008, after more than 100 years of use, the Centers for Disease Control (CDC) called for quarantine

and destruction of all remaining Dryvax."

To summarize, the history of smallpox vaccination is far more complicated than the usual picture painted by Mr. Weiss and those advocating for the elimination or for severe restriction of vaccine exemptions, in that smallpox vaccine material was not simply an innocuous virus taken from a cow nipple. Thus, any discussion of smallpox by Mr. Weiss should not be taken very seriously.

Mr. Weiss kept referring to England's smallpox refusers in the 1800s, trying to compare them to the refusers in Virginia today. I refer you to Dissolving Illusions pages 124-140 where my co-author and I described, by using medical doctors' testimonies, historical public health documents, and official statistics, the historical facts of the large city of Leicester England's smallpox experience. When the vaccination rate rose to 95% of infants, the town still experienced some of the worst historical smallpox outbreaks and death. At the same time, the problem with vaccination became obvious, and vaccine refusal grew. People were arrested and had their furniture confiscated, as punishment for refusing to have their infants vaccinated. In 1885, a demonstration of over 80,000 citizens shifted the law in Leicester. By 1887 the vaccination coverage rates had dropped to 10 percent. **Because of the growing vaccine refusal rate, prophesies of doom (just like today) were announced from on high—yet those prophesies never came true.** The opposite happened. Once Leicester stopped vaccinating and approached smallpox with hygiene methods, the smallpox death rates plummeted.

> "Leicester enjoyed better success against smallpox than other towns in England that were highly vaccinated. In the 1893 smallpox outbreak, the well-vaccinated district of Mold in Flintshire, England, had a death rate about 32 times higher than Leicester.
>
> *Not only may well-vaccinated towns be affected with smallpox, but the most thorough vaccination of a population that is possible to imagine may be followed by an extensive outbreak of the disease. This happened in the mining and agricultural district of Mold, in Flintshire . . .* ***Leicester, with a population under ten years of age practically unvaccinated, had a small-pox death-rate of 144 per million; whereas Mold, with all the births vaccinated for eighteen years previous to the epidemic, had one of 3,614 per million.***
>
> In the 1891–1894 smallpox outbreak described by Dr. J. W. Hodge, the highly vaccinated town of Birmingham had 63 smallpox cases and 5 deaths per 10,000 of population, compared with Leicester at 19 cases and 1 death per 10,000.
>
> *. . .* ***Leicester had less than one-third the cases of small- pox and less than one-fourth the deaths in proportion to population than well-vaccinated Birmingham****; so that both the alleged protection from attacks of the disease and the mitigation of its severity when it does attack, are shown not only to be absolutely untrue, in this case, to the absence of vaccination.*
>
> The death rate from smallpox per hundred thousand in Leicester during the 1892–

> 1894 outbreak was 5.7. In Birmingham it was 8.0, Warrington was 10.0, and Middlesbrough was 14.4. Over the years, Leicester's death rate from smallpox declined even more. In the 1902–1903 outbreak the death rate was 5.3, and by the 1903–1904 outbreak it was down to 1.2.
>
> *Leicester's smallpox history, and her successful vindication of sanitation as a smallpox prophylactic, will bear the closest scrutiny.* ***Each successive epidemic since vaccination has decreased, with a larger proportion of unvaccinated population, furnishes a still lower death rate****.*

Most people are led to believe the simple myth that "Smallpox vaccines were safe, and only a small minority of deluded refusers protested, yet even so, smallpox vaccines fortunately eradicated smallpox". It is provably untrue. Please read the relevant chapter if you are someone who believes what Dr Weiss said about smallpox.

**VACCINE MANUFACTURE**

Mr. Weiss goes on to discuss the making of vaccines. In slide #13 and others, his information is cut and pasted from various sources, with little insight into the history and real science of vaccine manufacture. It is very easy to cut and paste a few sound bites together and simplify the information to persuade legislators to vote a certain way. Much more difficult is the task of taking time to really understand the depth and breadth of the issue. I have done this in Dissolving Illusions, after the questions were posed to me and I sought to answer them. I began my research naïve, and only developed an opinion after gathering as much information as I could.

Mr. Weiss has only skimmed a very small surface on the corner of a huge lake.

He has not included the most important facts, which are that vaccine manufacture is and always has been a very risky endeavor. This is why pharmaceutical companies marketing vaccines in the U.S. sought civil liability protection from vaccine injury lawsuits in the mid 1980s. Just because vaccine companies have a liability shield today, does not mean vaccine manufacture is now safe. In fact, that liability protection may have made vaccines even less safe.

There is simply too much information regarding the deficits in safe vaccine manufacture and lack of rigorous regulation by federal health agencies to ensure vaccine safety to outline here. I discuss some of these issues in part of my YouTube presentation "Honesty Vs. Policy" which discusses the vaccine safety history and the problems of financial conflicts of interest that exist, even today, with the institutions Mr. Weiss references:
https://www.youtube.com/watch?v=R18E9OFyAfM&list=PLgH2vCx5TOgX5upobA1NO--PyE60CLlVa&index=4&spfreload=10

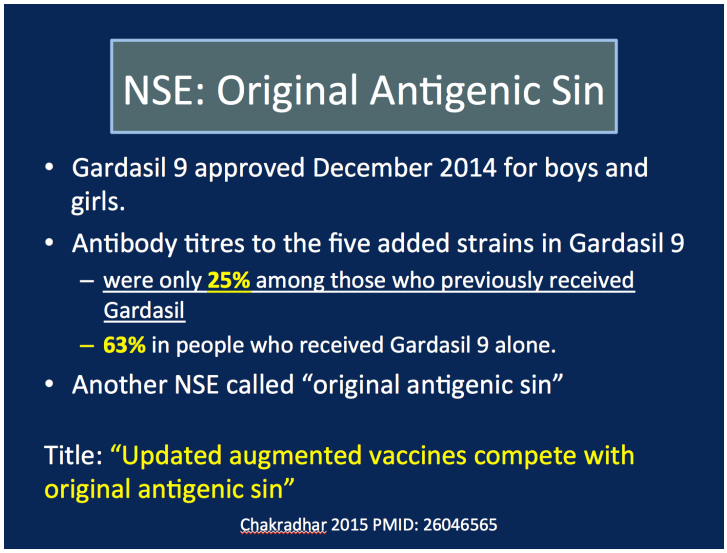
**NATURAL VS. VACCINE IMMUNITY**

Slide #13, called Creating immunity from disease, falsely states, "Natural infections and vaccines produce a very similar end result." If by that statement, Mr. Weiss is referring to antibodies, which are used as a surrogate for "immunity", that is only a partially true statement.

In fact, the question asked of Weiss, which he did not answer, was whether natural and vaccine immunity are the same. They are not.

While both infection and vaccination can create antibodies, natural immunity always starts by using the front-line defense, called the innate immune system, and then moves into the cellular memory immunity level. Specific antibodies are the end point, which are made AFTER the body has removed the infection. Many vaccines do not create effective cellular immunity, and by leaving out that step, vaccines can create something called "original antigenic sin" (OAS). The reason we have rampant whooping cough in the vaccinated today, in addition to short-lived vaccine effects, is because of OAS. This is well described starting on page 324 of Dissolving Illusions.

OAS is also a problem following administration of influenza and HPV vaccines. OAS prevents recipients, who have been vaccinated with Gardasil 4, from effectively seroconverting after being given Gardasil 9.




Here is the information on why and how influenza vaccines create OAS.

## Annual Vaccination Hampers CD8 T cell immunity

- Noted that in 2009 epidemic: previous vaccination against seasonal flu increased the risk of infection with new strains
- So, they studied 27 unvaccinated, 14 vaccinated children
- Vaccination produced specific antibodies and they interfered with CD8 responses to influenza virus

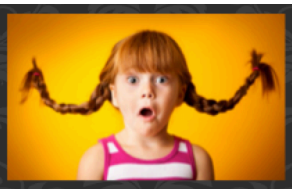
Bodewes 2011 PMID: 21880755

## Pediatric Flu Vaccination

- Virus specific antibodies do not recognize other types
- Virus specific T cells DO recognize other types

"Vaccinated animals suffered more from a challenge infection with a highly pathogenic H5N1 virus than those not vaccinated against H3N2."

Bodewes 2012 PMID: 23002977



***"Inactivated vaccines induce virus specific CD8+ lymphocyte responses inefficiently and annual vaccination with this type of vaccine may even interfere with the development of virus-specific CD8+ lymphocyte responses otherwise induced by natural infections".***

Bodewes 2012 PMID: 23002977

The difference between natural and vaccine immunity is clinically significant, and has created some fundamental problems for the MMR vaccine, with regard to both measles and mumps components, both of which confer only temporary artificial vaccine acquired immunity.

Slide #17 lists components of live virus vaccines, which Mr. Weiss says, "Produces an excellent immunity." This sweeping statement is not accurate.

For example, the reason the BCG vaccine for tuberculosis is not compulsory for children in the USA, and was never added to our national vaccine schedule, is because every BCG trial conducted in the U.S. demonstrated abysmal efficacy.

There are numerous errors in statements and assumptions Mr. Weiss makes in his report. There are other errors throughout his PowerPoint, by inference. However, to address them all would require writing another book.

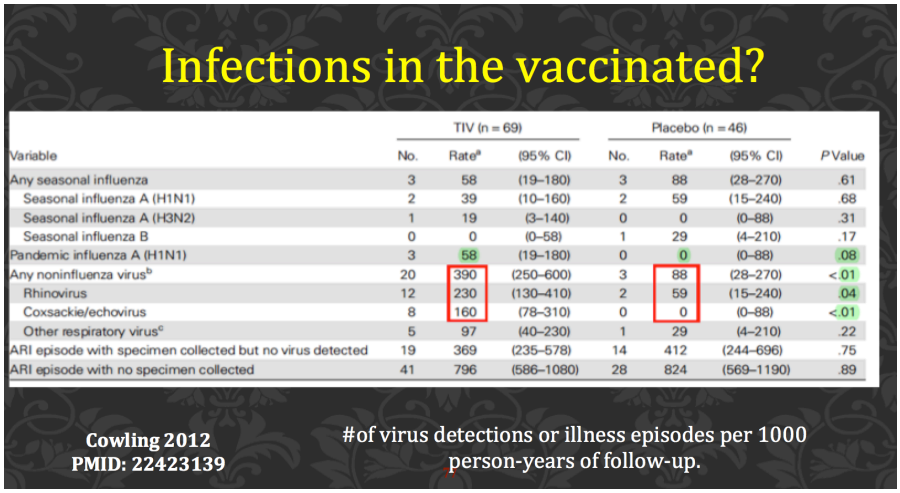
I will point out a few more distortions, which the legislature needs to consider carefully before making any recommendations:

**PLACEBOS IN VACCINE RESEARCH**

Slide #19 states that vaccines are tested for effectiveness by looking at the incidence of disease in the unvaccinated or those who receive placebo. Please note that "placebos" in experimental vaccine research and clinical trials are almost NEVER a saline injection but most often another vaccine or bioactive component of a vaccine, such as an aluminum adjuvant. Thus, they are not true placebos, and do not act as true controls, so the true reactogenicity of an experimental vaccine is not accurately measured before licensure. Here is just one of thousands of examples of false placebo use and the irrational defense of the practice. In this study, a hepatitis A vaccine "placebo" was used in a trial of influenza vaccine.
https://www.nih.gov/news-events/news-releases/vaccinating-children-against-flu-helps-protect-wider-community

The majority of the most relied-upon vaccine studies, do not look at the incidence of disease in the study participants receiving the experimental vaccine and those receiving a "placebo," as Mr. Weiss suggested. The antibody levels of study participants are measured, not disease incidence.

However, when vaccine studies do use true placebos and also look for disease incidence, they have found inconvenient results, which Mr. Weiss would not likely cite, such as this 2012 influenza vaccine study by Cowling.




| Variable | TIV (n = 69) No. | TIV (n = 69) Rate[a] | TIV (n = 69) (95% CI) | Placebo (n = 46) No. | Placebo (n = 46) Rate[a] | Placebo (n = 46) (95% CI) | P Value |
|---|---|---|---|---|---|---|---|
| Any seasonal influenza | 3 | 58 | (19–180) | 3 | 88 | (28–270) | .61 |
| Seasonal influenza A (H1N1) | 2 | 39 | (10–160) | 2 | 59 | (15–240) | .68 |
| Seasonal influenza A (H3N2) | 1 | 19 | (3–140) | 0 | 0 | (0–88) | .31 |
| Seasonal influenza B | 0 | 0 | (0–58) | 1 | 29 | (4–210) | .17 |
| Pandemic influenza A (H1N1) | 3 | 58 | (19–180) | 0 | 0 | (0–88) | .08 |
| Any noninfluenza virus[b] | 20 | 390 | (250–600) | 3 | 88 | (28–270) | <.01 |
| Rhinovirus | 12 | 230 | (130–410) | 2 | 59 | (15–240) | .04 |
| Coxsackie/echovirus | 8 | 160 | (78–310) | 0 | 0 | (0–88) | <.01 |
| Other respiratory virus[c] | 5 | 97 | (40–230) | 1 | 29 | (4–210) | .22 |
| ARI episode with specimen collected but no virus detected | 19 | 369 | (235–578) | 14 | 412 | (244–696) | .75 |
| ARI episode with no specimen collected | 41 | 796 | (586–1080) | 28 | 824 | (569–1190) | .89 |

This study showed that inactivated flu shots can silently accelerate the spread of other respiratory viral infections, some of which are potentially nasty. The reason for this is the well-established immunologic phenomenon mentioned earlier, called original antigenic sin.

**VAERS AND NCVIA**

Slide #23 Mr. Weiss totally sidestepped Mrs. Caceres' question of what percentage of vaccine adverse events ever get reported to the federal Vaccine Adverse Events Reporting System (VAERS). Mr. Weiss only noted the absolute number of vaccine-related adverse events reported to VAERS without stating that experts have agreed unanimously that only between 1-10% of vaccine adverse events, especially serious ones, are ever reported to VAERS.

In slide #24, Mr. Weiss stated incorrectly that the federal vaccine injury compensation program created by Congress in 1986 under the National Childhood Vaccine Injury Act was created as a no-fault alternative to vaccine injury lawsuits. This is only partially correct. Although the law passed by Congress in 1986 allowed parents of vaccine injured children denied federal compensation to sue negligent drug companies, especially if there was evidence that the company could have made a vaccine less reactive, in 2011 the U.S. Supreme Court ruled that FDA licensed vaccines are "unavoidably unsafe" and effectively banned all lawsuits against vaccine manufacturers for any reason. Today, two out of three vaccine injured claimants are denied federal compensation and have no access to the tort system to seek compensation.

**METALS IN VACCINES**

In slide #25, Mr. Weiss attempted to refute claims that thimerosal and aluminum do not convey harm to humans after injection. First, thimerosal was largely removed from childhood vaccines in the late 1990s and it wasn't just because the government

wanted to be nice. PubMed is now loaded with information regarding the harms of that toxic metal.

But more important, Mr. Weiss fails to acknowledge that today, because aluminum is in many inactivated vaccines given to infants and children beginning on day one of life to the first birthday, his analysis is shallow and incorrect. Please see my in-depth review of aluminum, citing the major issues and literature used by Mr. Weiss' sources. He is totally incorrect in stating that studies have not made any connection. Please do not accept that as truth given that the medical literature is packed with information to the contrary.

I summarized the scientifically known issues of aluminum adjuvants in this video https://www.youtube.com/watch?v=PWP6e2CYPo8 It is easy for Mr. Weiss to make such definite and platitudinous claims. However, it is hard for you to make an informed decision about which legislative option to recommend if you don't know why the information he presented is inaccurate.

**DR WAKEFIELD**

Slide #28 is false. Dr Stephen Walker at Wake Forrest University replicated Dr. Wakefield's findings and found vaccine strain measles in the gut of autistic children. In addition Dr. VK Singh found high levels of anti-MMR antibodies in the circulation of vaccinated autistic children where none was seen in vaccinated non-autistic children. Both Dr Walker and Dr Singh were prevented by their respective institutions, from studying the problem further. I discuss this in a response to an Op-ed about my book Dissolving Illusions here http://drsuzanne.net/2015/10/why-dr-suzanne-humphries-an-anti-vaccine-activist-is-lying-to-you-about-measles/

The studies that are relied upon by public health bureaus are highly biased and flawed. Please visit vaccinepapers.org and read the reviews of such papers in general. Vaccinepapers also reviews aluminum issues as well. Specifically see this article that shows the problems with one of the most famous studies that supposedly refutes the link. http://vaccinepapers.org/critical-review-madsen-2002-nejm-study/

**HERD IMMUNITY**

Perhaps the most important and relevant issue for the Commission to consider, which Mr. Weiss touched on, is his discussion of herd immunity in slide #31. The theory of herd immunity is the foundation upon which mass vaccination programs are built. We are told over and over that we must all vaccinate in order to protect newborns, those too young to be vaccinated, or those whom federal health officials say temporarily or permanently cannot take vaccines, such as those with the most serious of immune system disorders.

Again, this is a distortion and over simplification of the issue. After spending hundreds of hours investigating the herd immunity issue, it is obvious that the data show that the solid herd immunity of adolescents, adults, pregnant women, and very young babies, has been seriously undermined and diminished by the measles vaccine, for example. This sounds counterintuitive because we don't see much measles today, but that is because the mass use of the vaccine disrupts continuous viral spread, by causing in recipients, a case of downgraded measles infection, which produces incomplete immunity, and has serious downsides.

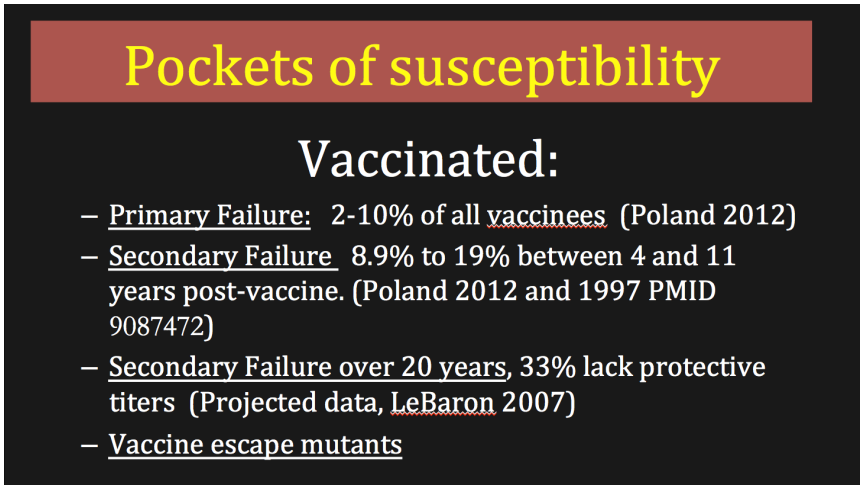
Before the measles vaccine was implemented, young babies were protected by their mothers who had experienced the natural infection and passed maternal antibodies to their newborns. Young babies were passively immune to measles until between 12 - 15 months. Those who got measles were primarily children between two and 15 years old, and the great majority of healthy young children handled a case of the measles without serious complications.

By 1950, there were no expensive and deadly mass measles epidemics ripping through our country. Ask any person over the age of 65 if they remember measles being a serious problem.

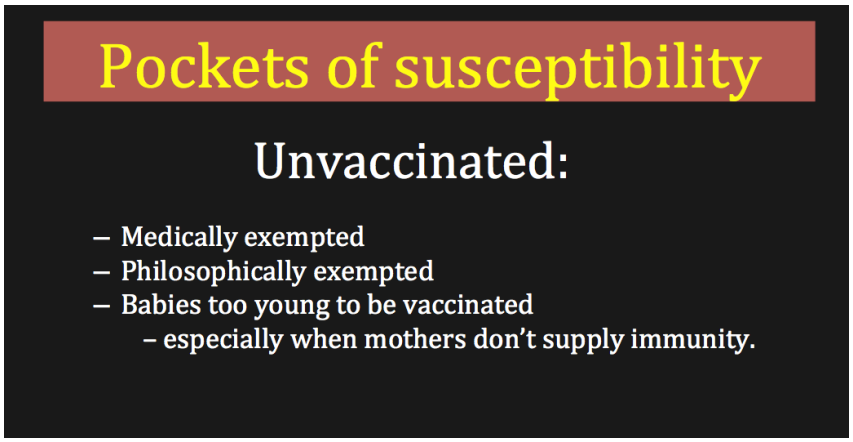
The children who experience measles disease naturally, are immune for life. The same is NOT true for those who get vaccinated. Between two and 10 percent of vaccinees don't respond to measles vaccines at all, and those who do, will have at most, 20-30 years of immunity. This is a verified fact in the medical literature. Here is a link to an article, written by a well known and respected scientist from Mayo clinic discussing this fact:
http://www.ncbi.nlm.nih.gov/pubmed/22196079

> *"Multiple studies demonstrate that 2–10% of those immunized with two doses of measles vaccine fail to develop protective antibody levels, and that immunity can wane over time and result in infection (so-called secondary vaccine failure) when the individual is exposed to measles."*

Here are the true pockets of susceptibility in the measles vaccinated.




And here are the true pockets of susceptibility in the not vaccinated.




The first group in the slide on "pockets of susceptibility" is one that I would like to draw your attention to: the medically exempt. We are used to thinking of these individuals as the vulnerable cancer patients. However, cancer patients only have their immune systems shut off for short periods of time during, for example, chemotherapy or radiation therapy and after that therapy is completed become candidates for routine vaccination under CDC vaccine recommendations.

However, there is a growing group of medically crippled individuals who cannot tolerate live virus vaccines, such as measles vaccine, because they are recipients of new drugs categorized as "biologics". You may have heard of "Humira" and other such drugs used to treat a variety of diseases like rheumatoid arthritis, inflammatory bowel disease etc. These drugs shut down part of cell-mediated immunity by blocking a chemical called tumor necrosis factor (TNF)-alpha and other immune mediators. The drugs handcuff the immune system, and have to be stopped when people get infected. Recipients have to be tested for TB etc., before starting these drugs, because the immune system in normal people contains or traps latent infections in the body. Immune compromised individuals are more

susceptible to all sorts of infections, not just infections targeted by vaccines, but also the ones for which there are no vaccines.[2]

Because TNF alpha inhibiting drugs cripple the recipients' immune systems, the recipients don't resist infections with their front line defenses and can also become "super-spreaders", efficient transmitters of disease by shedding vast amounts of any bacteria, virus or other pathogen multiplying unrestrained in their bodies.

Approximately two percent of Americans are taking these drugs at any given time.

> *According to pharmacy benefits giant Express Scripts, even though only 2 percent of the population uses biologic drugs, biologics account for 40 percent of prescription drug spending in the U.S.*[3]

This equates to 166,000 individuals living JUST IN VIRGINIA taking these drugs long-term! You may think that is all the more reason to vaccinate those who can be vaccinated, but consider that these chemically prescribed immune compromised people are far more of a continual reservoir and efficient transmitters of every sort of potentially deadly infections, than healthy individuals who have not been vaccinated, who may, once in a while, become infectious.

It is well established scientifically that when the immune system is impaired even from something as common as taking a fever suppressor, like acetaminophen (Tylenol), that the individual not only will stay sick longer but also shed, and thus transmit, virus longer.

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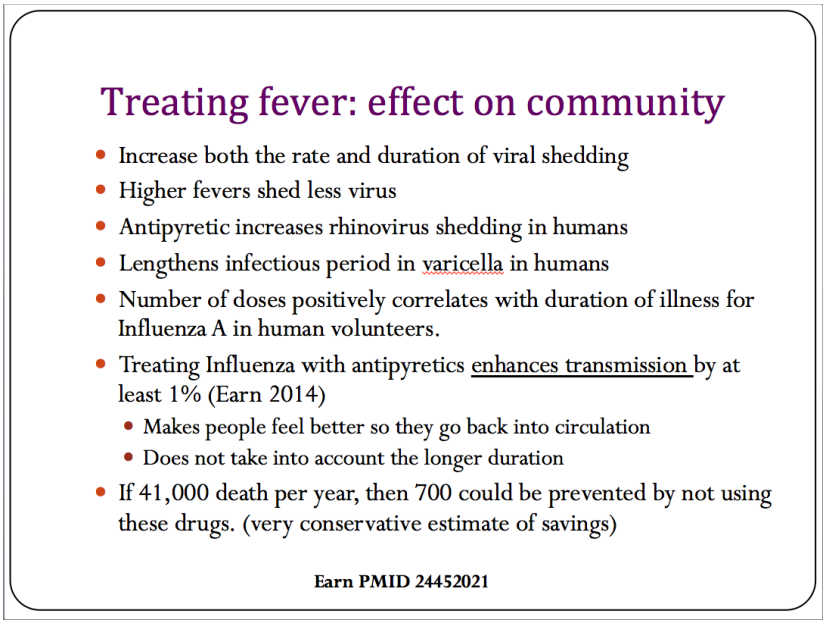
[2] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3155180/

[3] http://health.usnews.com/health-news/health-wellness/articles/2015/02/06/why-are-biologic-drugs-so-costly




These individuals are considered to be "super spreaders and super-shedders". So while Mr. Weiss and Voices for Vaccines are upset over approximately 800 healthy public and private school children in the state of Virginia, whose parents have not vaccinated them for reasons of conscience and religious beliefs, they are overlooking the bigger elephant in the room.

The point is that the obsessive focus on this small minority of children and fear-mongering about them is absurd, given that, in addition to super-spreaders, most adults my age who were vaccinated as children are now totally susceptible to measles, mumps and rubella, as are these hundreds of thousands of medically-immune compromised people. We represent a far larger reservoir for potential infections than healthy unvaccinated children, whose immune systems are intact and highly functional.

Remember, the vast majority of infections a person will experience and recover from during a lifetime will have no matching vaccine.

The second point is that a healthy and strong innate and cellular immune system is always the key to both recovery without complications and to limiting the spread of infection to others, and always has been. This is the message of Dissolving Illusions.

In terms of B. pertussis (whooping cough) it is well known and proven that vaccinated populations are placing pressure on the organism to evolve into vaccine resistant forms and are the source for new mutant strains of the bacteria that have developed and are more difficult to treat. See slides below and understand that I am only showing you the tip of this iceberg. These pertactin-deficient strains of B. pertussis are more virulent and are now found in every state in the U.S. Mass,

mandatory vaccination created these more virulent strains of pertussis. The vaccinated are more likely to harbor them, and are four times more likely to be infected by them, than are the unvaccinated.

## Bowden 2014
## Washington State, USA epidemic

- Italian study: pertactin-deficient strains **far more prevalent in vaccinated** and far less in geographical areas of low vaccination. (Mastrantonio 1999 PMID: 10463173)

"Epidemiological analysis suggests that **vaccinated persons have increased susceptibility to pertactin-deficient strains** compared to their susceptibility to strains expressing pertactin."

Bowden 2014 PMID: 25031439

## Finland

*"The emergence of Prn-deficient isolates in countries where the acellular vaccines were recently introduced is alarming."*

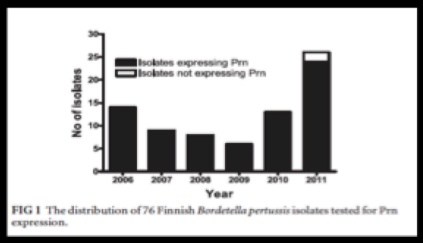
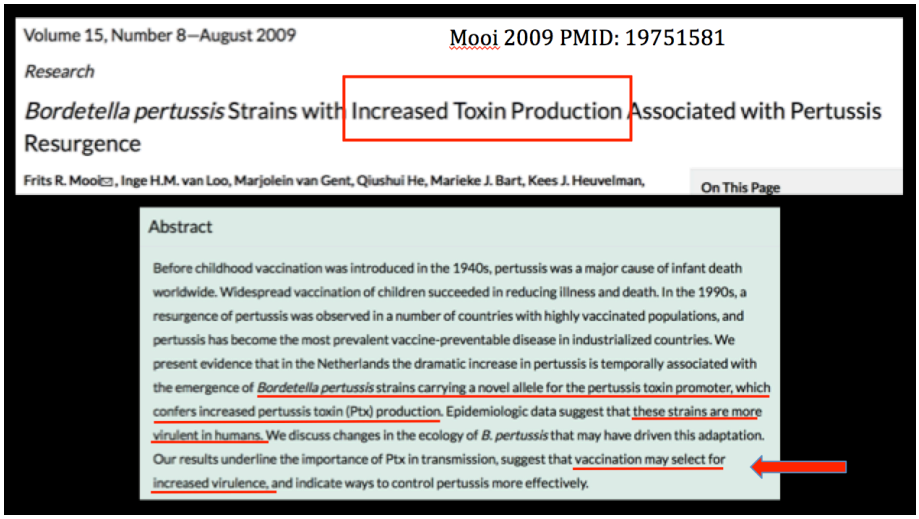
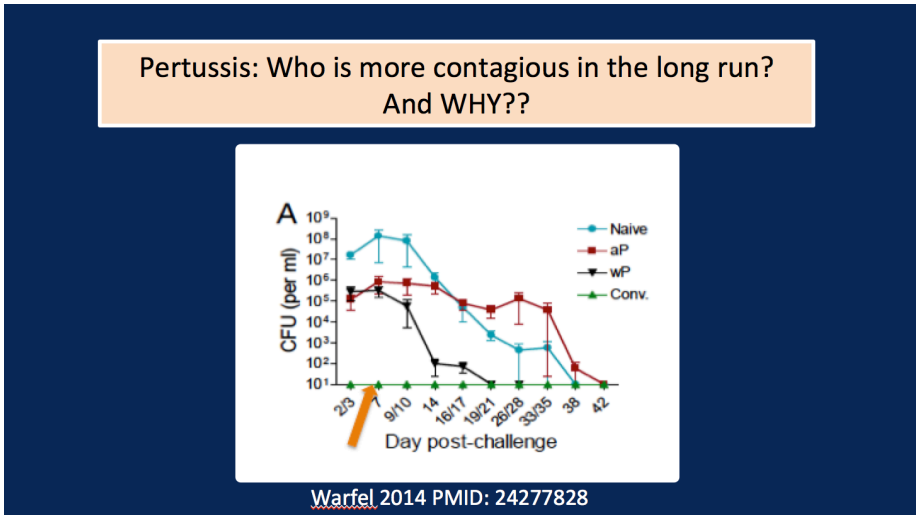


FIG 1 The distribution of 76 Finnish *Bordetella pertussis* isolates tested for Prn expression.

Barkoff 2012 PMID: 22914363




It is also well established that 86% of all whooping cough cases are fully vaccinated[4] and that the vaccinated, after re-exposure, are the primary reservoir of bacteria.[5]

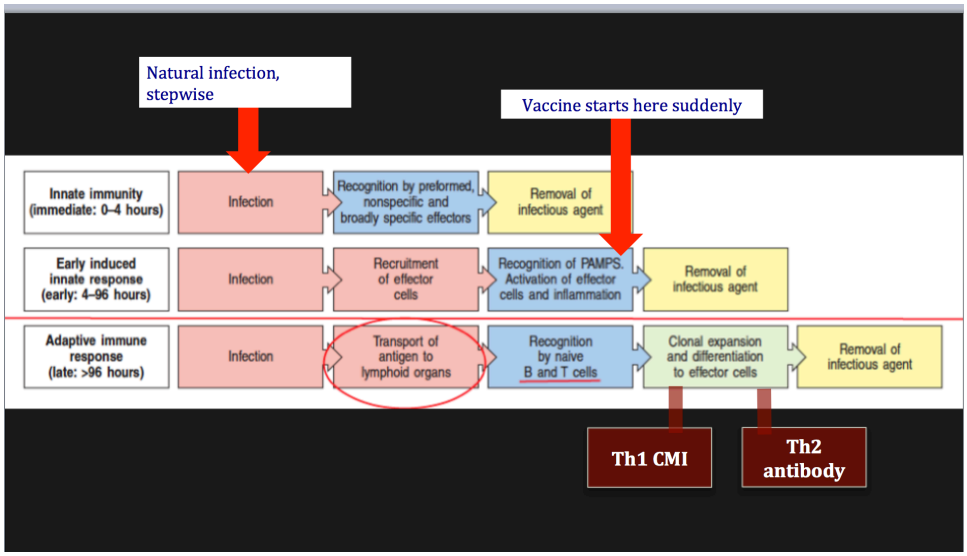



As seen on the green line of this chart, those who are unvaccinated and experience B. pertussis infection naturally get a more solid immunity and their immune systems quickly clear the bacteria from the body when re-exposed, unlike those who are vaccinated and carry and spread the infection for longer periods of time after re-exposure. Those who experience the infection naturally also have immunity that is known to last longer (between 20 and 30 years) than vaccine-induced immunity.

Why does naturally acquired immunity last longer that artificially vaccine acquired immunity? Because it's an immunity that is activated through all three layers of the

[4] http://www.ncbi.nlm.nih.gov/pubmed/22423127
[5] http://www.ncbi.nlm.nih.gov/pubmed/24277828

immune system (innate, early induced, and adaptive), and is therefore much more complete rather than primarily the last antibody layer (adaptive).




In the referenced infant baboon study by Warfel, those who had been vaccinated and then re-exposed to B. pertussis infection could harbor bacteria asymptomatically and infect their cage mates, whereas the naturally immune baboons did not.

Because the vaccinated carry the bacteria for a long time, they are a reservoir for not just infecting newborn infants and others who are naïve, but also for generating mutant strains. This problem with mass vaccination programs is being discussed in the medical literature because the vaccinated are becoming an infection reservoir infecting both vaccinated and unvaccinated individuals.

I could elaborate much further on herd immunity, but there is only so much time and space to have this discussion in a statement like this. However, I would like to add, that I used to give many vaccines to my patients and once used to berate non-vaccinators for putting themselves and the "herd" at risk. I have since learned that what I was taught in medical school was based on misinformation.

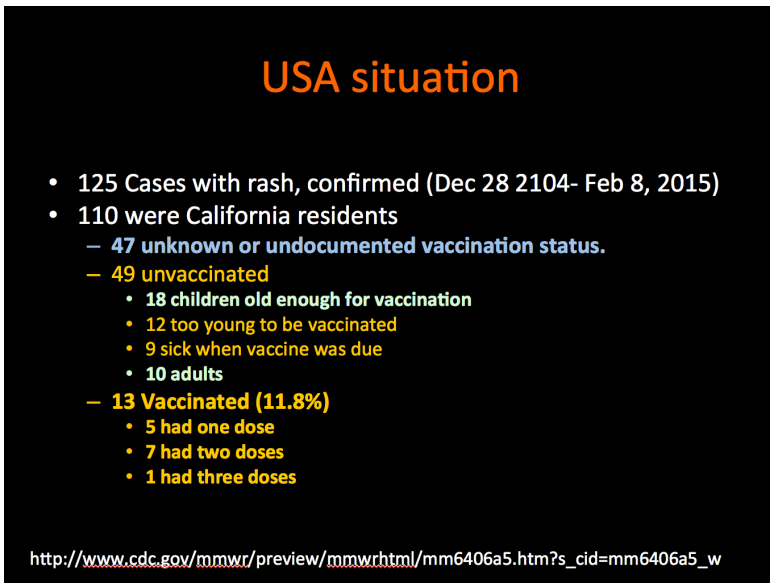
**CALIFORNIA**

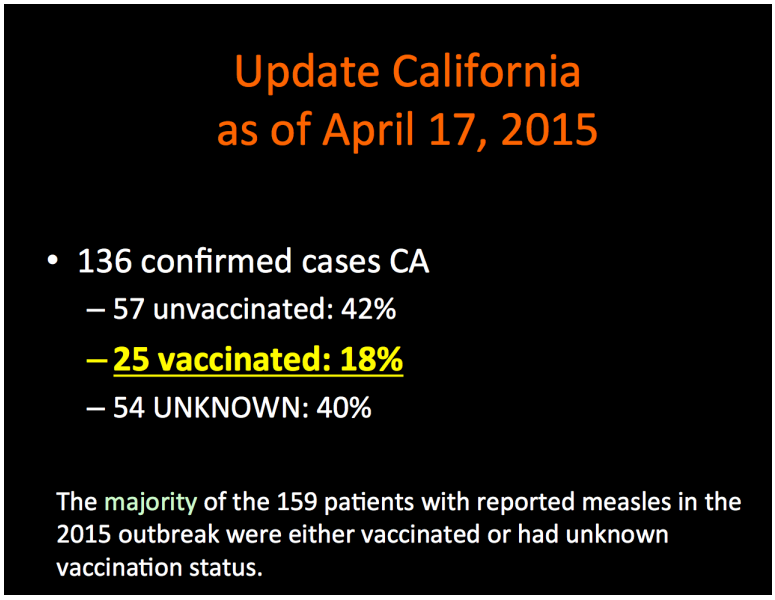
Slide #34 is where Mr. Weiss discusses the glass half full/empty and the measles outbreak of 2015 that began in California. You have not been given all the information about the reported measles cases that occurred in California and the U.S. last year.

First, 18 percent of the 136 confirmed measles cases in children and adults in California in 2015 had been vaccinated and 40 percent had an unknown vaccination

status. Thus, the majority of the 159 people in the U.S. with reported cases of measles in 2015 were either vaccinated or had an unknown vaccination status.

Of the reported cases of measles in unvaccinated persons in California, the majority were **not children attending school with vaccine exemptions** but were simply too young to be vaccinated, or adults. (Something that rarely happened before the measles vaccine was used on a mass basis in the U.S.) Despite this, there were no deaths or cases of encephalitis due to measles infections reported.




Mr. Weiss focused on California because his real goal is to persuade members of the JCHC to recommend that the legislature vote to violate laws protecting freedom of

conscience and religion in the Commonwealth by eliminating the religious vaccine exemption, and effectively eliminating the medical vaccine exemption by restricting it to federally approved vaccine contraindications, removing the legal right for a physician to exercise professional judgment and conscience when giving a child a medical exemption.

Demonstrating clear bias, Mr. Weiss cites a California law removing the personal belief vaccine exemption enacted last year after unprecedented public protests, a law that is now the subject of several lawsuits, which will cost that cash-strapped state taxpayer money to defend. Mr. Weiss could have focused on Maine, Maryland, North Carolina, Washington, Colorado, Oklahoma, Texas, Pennsylvania, Rhode Island or any of the state legislatures where there has been a call by some legislators to repeal vaccine exemptions but the legislature voted to retain religious, conscientious and medical vaccine exemptions. He could have given examples of the states that have all three exemptions and are not experiencing epidemics, just like Virginia is not experiencing epidemics with current vaccine exemptions. He chose to ignore all of them, which betrays his bias, contrary to his assertions of neutrality.

# VIRGINIA AND THE RAW DATA: PAPERWORK ARTIFACT

Slide #48 gives the data on Virginia's vaccine compliance and exemption rates.

| All Virginia Schools<br>Self Reported Immunization<br>Compliance Data for 2015-2016 School Year | | |
|---|---|---|
| Description | Kindergarten (T =96,474) | Sixth Grade (T = 101,198) |
| Number Adequately Immunized | 94.40% | 96.02% |
| Number With Medical Exemptions | 0.26% | 0.42% |
| Number With Religious Exemptions | 0.86% | 0.77% |
| Percent of Known Exempt | 1.12% | 1.19% |
| Unknown (conditional & n/a) | 4.49% | 2.78% |

Note that "herd immunity" projected percentages are well met in Virginia.

However, it is notable that Slides #50 and #51 appear to have been deliberately designed to try to give you a totally different impression:

**Fourteen Virginia Public And Private Schools With >10 Enrollment Under 70% Of Kindergarteners Adequately Immunized For 2015 – 2016**

| School | Division | City | Public / Private | % Adequately Immunized | % Medical Exemptions | % Religious Exemptions |
|---|---|---|---|---|---|---|
| Fairview Elementary | Fairfax Co Pblc Schs | Fairfax Station | Public | 5.7% | 0.0% | 0.0% |
| St. Mary's Catholic | Henrico | Richmond | Private | 43.0% | 0.0% | 0.0% |
| E. S. H. Greene Elem. | Richmond City Pblc Schs | Richmond | Public | 45.5% | 0.0% | 0.0% |
| Greenbrier Montessori | Chesapeake City | Chesapeake | Private | 48.1% | 0.0% | 3.7% |
| G. A. Treakle Elem. | Chesapeake City Pblc Schs | Chesapeake | Public | 49.7% | 0.0% | 0.6% |
| Siena Academy | Fairfax | Great Falls | Private | 54.5% | 0.0% | 45.5% |
| Woodville Elem. | Richmond City Pblc Schs | Richmond | Public | 57.4% | 0.0% | 0.0% |
| Overby-Sheppard Elem. | Richmond City Pblc Schs | Richmond | Public | 58.1% | 0.0% | 0.0% |
| Fox Mill Elementary | Fairfax Co Pblc Schs | Herndon | Public | 60.0% | 0.0% | 0.0% |
| P. B. Young Sr. Elem. | Norfolk City Pblc Schs | Norfolk | Public | 62.4% | 0.0% | 0.0% |
| Woodley Hills Elementary | Fairfax Co Pblc Schs | Alexandria | Public | 62.8% | 0.9% | 0.0% |
| Camp Allen Elem. | Norfolk City Pblc Schs | Norfolk | Public | 63.2% | 1.3% | 0.0% |
| Belvedere Elementary | Fairfax Co Pblc Schs | Falls Church | Public | 66.7% | 0.0% | 1.1% |
| Halley Elementary | Fairfax Co Pblc Schs | Fairfax Station | Public | 69.6% | 0.0% | 0.0% |

- The table above indicates that while the statewide school immunization rates are high there are schools that report well below the statewide percentage of Kindergartners being adequately immunized.
- Only three of the schools listed above are private schools.
- In all, there are 177 schools that report under 90.0% of their Kindergarteners as adequately immunized. Of that amount, 32 are private schools and 145 are public schools.

State Department of Health Student Immunization Survey Results http://www.vdh.virginia.gov/sisreports/ 50

Slide #50 = Kindergarten issue.
Remember we are considering restricting RELIGIOUS EXEMPTION, and this information above, is supposed to justify eliminating the religious exemption.

Mr. Weiss selected out 13 Kindergartens = **1,262** children with a total of **8 religious exemptions** to try to make his point.

Question: Why are 8 children attending school with religious exemptions a problem?

Mr. Weiss appears to have arrived at the 'Adequately immunized' percentages by going through all the kindergartens and cherry picking the kindergartens with **either** the lowest student numbers and highest number of conditional enrollments, or the highest number of students without records and low numbers of students, to manipulate that data to inflate percentages to make you think there is a problem.

There is a data problem, but the problem is the way Mr. Weiss has presented the data to you.

Please look at the third school above, Greenbrier Montessori school: Mr. Weiss made the school look bad by saying that Greenbrier had a 52.9% INADEQUATELY immunized rate and a **3.5%** rate of religious exemptions.

What you don't see in his slide, is that Greenbrier had a total of 27 students, of whom 13 were "conditionally enrolled", 13 were immunized, and ONE child had a religious exemption.

| SCHOOL | Health District | Classification | Grade | Reporting Period | Number Adequately Immunized | Number With Medical Exemptions | Number With Religious Exemptions | Number Conditionally Enrolled | Number Without Records | Total Number |
|---|---|---|---|---|---|---|---|---|---|---|
| Cedar Rd Christian Academy | Chesapeake | Private | K - Kindergarten | Fall 2015 | 16 | | | 1 | 1 | 18 |
| Chesapeake Montessori School | Chesapeake | Private | K - Kindergarten | Fall 2015 | 16 | | 3 | | | 19 |
| Greenbrier Christian Academy | Chesapeake | Private | K - Kindergarten | Fall 2015 | 38 | | 2 | 2 | | 42 |
| Greenbrier Montessori School | Chesapeake | Private | K - Kindergarten | Fall 2015 | 13 | | 1 | 13 | | 27 |
| Primrose School at Cahoon Commons | Chesapeake | Private | K - Kindergarten | Fall 2015 | 15 | | | | | 15 |
| Tidewater Adventist Academy | Chesapeake | Private | K - Kindergarten | Fall 2015 | * | * | * | * | * | 10 |

Did you realize that 3.5% religious exemption figure, next to Greenbrier, far from being a potential disease hotspot, was one child in a school of 27, or that the 52.9% INADEQUATELY vaccinated are 13 conditionally enrolled children who presumably have not yet submitted vaccine records?

If you average out Weiss's ***adequately immunized kindergarten percentage*** it comes to 53.33% in a school population of **1,262** children with 8 religious exemptions.

**Where are the 47.57% of inadequately immunized children**?

They are easy to find BUT you can't work that out from Weiss' slide. You have to recalculate from the raw data that he doesn't show you.

If you total up the numbers of conditional enrollments (260) and missing records (327) for the 13 schools, and calculate THAT percentage amongst the total number of students (1,262), you get 46.51% "inadequately" vaccinated. 53.33 + 46.51 = 99.84%, and add in your exempt and there is your roughly 100% total, with **Weiss' "unvaccinated" simply being a paperwork artifact, not 8 religiously exempted children causing a problem for 1,262 children.**

Next, please look at Weiss' slide #51, 6th Graders:

**Thirteen Virginia Public And Private Schools With >10 Enrollment**
**Under 70% Of Sixth Graders Reported Adequately Immunized For 2015 – 2016**

| School | Division | City | Public / Private | % Adequately Immunized | % Medical Exemptions | % Religious Exemptions |
|---|---|---|---|---|---|---|
| Portsmouth Christian Schools | Portsmouth City | Portsmouth | Private | 23.4% | 0.0% | 0.0% |
| Chelsea Academy | Warren | Front Royal | Private | 27.3% | 0.0% | 54.5% |
| Grace Preparatory School | Stafford | Stafford | Private | 27.3% | 0.0% | 0.0% |
| Legacy Christian Academy | Frederick | Stephens City | Private | 36.4% | 0.0% | 27.3% |
| Daniel Morgan Middle | Winchester City Pblc Schs | Winchester | Public | 48.5% | 0.6% | 0.5% |
| Pocahontas Middle | Powhatan Co Pblc Schs | Powhatan | Public | 49.3% | 0.5% | 0.5% |
| Jack Jouett Middle | Albemarle Co Pblc Schs | Charlottesville | Public | 49.4% | 1.0% | 0.3% |
| Temple Baptist School | Fairfax | Herndon | Private | 50.0% | 0.0% | 0.0% |
| Mountaintop Montessori | Albemarle | Charlottesville | Private | 57.1% | 0.0% | 14.3% |
| Forest Edge Elementary | Fairfax Co Pblc Schs | Reston | Public | 61.6% | 0.9% | 0.0% |
| St. Mark School | Fairfax | Vienna | Private | 66.7% | 0.0% | 2.1% |
| Linton Hall | Prince William | Bristow | Private | 66.7% | 0.0% | 0.0% |
| Clearview Elementary | Fairfax Co Pblc Schs | Herndon | Public | 67.3% | 1.0% | 0.0% |

- The table above indicates that while the statewide school immunization rates are high there are schools that report well below the statewide percentage of sixth graders being adequately immunized.
- Eight of the schools listed above are private schools.
- In all, there are 87 schools that report under 90.0% of their sixth graders as adequately immunized. Of that amount, 21 are private schools and 66 are public schools.

State Department of Health Student Immunization Survey Results
http://www.vdh.virginia.gov/sisreports/

51

The slide totals 13 schools = 1,873 sixth grade students, 19 religious exemptions.

Why are 19 religious exemptions a problem?

Fortunately, with sixth grade data, we have an additional check with the numbers of children in each school with recorded vaccinations.

Please note Portsmouth Christian Schools (PCS), for which Mr. Weiss said had only 23.4% adequately vaccinated students. The vaccination records in the Virginia database show that:

47 PCS students, 6 religious exemptions, 1 no records; 42 fully up to date on HepB and MMR, and 11 DTaP. It's highly unusual to have 42/47 vaccinated with MMR and HepB and only 11 out of the same vaccinated DTaP. Is that '11' a typo or an incorrect data entry?

**Again, what Mr. Weiss seems to have done for all sixth graders, is to use the conditional enrollments (963) and no records (38) as a proxy for non-immunization.**

If you add up Mr. Weiss' percentage data of adequately vaccinated sixth grade children, and divide by 13 schools, only 50.63% of 1,873 students are adequately vaccinated. How can that be possible if we accept slide #48?

Conditional enrollments (963) and no records (38) (1001) as recorded in the raw data base, if used as a proxy for "unvaccinated" comes to 53.47%. 50.63 + 53.44 is 104.07% which doesn't allow for exemptions, and is slightly over target. His numbers don't add up.

The factual reality is, that in the Virginia database, Mr. Weiss' 2 cohorts of "problem" schools on slides #50 and #51, **totaled 3,135 children with 27 religious exemptions.**

Is this an urgent public health problem for the Virginia legislature requiring a change to vaccine laws? If so, why?

The problem for the legislature is actually Mr. Weiss' unscrupulous use of conditional enrollments and no records from raw data, which you didn't see, which seems to have been used as a proxy for "non-immunization".

**Therefore, slides #50 and #51 are easily misrepresented as reflecting very high levels of unvaccinated children.**

It is also evident in the raw data, that "Inadequately immunized" could mean that one dose of one vaccine, like chicken pox vaccine, was skipped, thus giving an appearance that there are more completely unvaccinated children than there really are in Virginia.

**DISEASE OUTBREAKS**

Slide #53 reveals that the majority of disease outbreaks were for chicken pox, whooping cough, and mumps. Most important is that the vaccination status of the cases is not outlined on the report. Many will have been vaccinated.

I have already addressed the known inadequacy of the effectiveness of pertussis (whooping cough) vaccines. The mumps vaccine is also well known to be ineffective as just about all cases of mumps reported in older teens have been fully vaccinated. There is a lawsuit that has been filed in the USA by two Merck virologists, who have accused Merck of falsifying the efficacy of the mumps portion of the MMR vaccine in order to maintain its exclusive patent as the sole source of MMR vaccine in the U.S. Here is a fully referenced article, complete with court documents, that I wrote on the issue.
http://www.greenmedinfo.com/blog/scientists-sue-merck-allege-fraud-mmr-vaccine

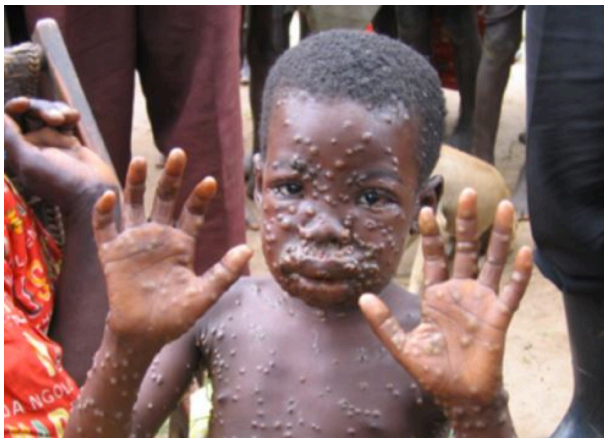
As for chicken pox (varicella zoster), which is a mild disease with very few complications for the vast majority of children, the varicella vaccine is unpredictably effective and, since it is a live virus vaccine, can give vaccine strain chickenpox to the

vaccine recipient or a close contact because the vaccine virus is shed after vaccination. It is also well established that shingles (herpes zoster) is now more prevalent in the young and old as a result of mandatory varicella zoster vaccine policies for children.

**SMALLPOX REVISITED BY MR. WEISS AT THE END:**

After Mr. Weiss finished, he was once again compelled to bring up smallpox, a disease which he clearly knows very little about. He wanted the legislators to assume that the situation we have today is similar to the one back in the 1800s where a "small but vocal minority" wanted to opt out of the vaccine on conscientious belief (unscientific) grounds. Mr. Weiss' message to you was to note a supposed similarity; that people with limited understanding and passionate beliefs tried to stop smallpox from being eradicated, but the effort to eradicate a dreaded disease through mandated use of smallpox vaccine succeeded anyway. Once again, I encourage you to get the facts on smallpox and realize that we still have cases today that would have been called smallpox in 1800 or 1900.

Here is a case of "monkey pox" from 2010.



The article[6] states: *"The two viruses are so closely related that the only way to tell them apart is under a microscope. They're so similar that researchers didn't even know they were separate diseases until vaccination eliminated smallpox from African populations. "Monkeypox probably existed out there for a really long time and it was just counted as a case of smallpox,"* says UCLA epidemiologist Anne Rimoin."

Even 40 years ago, nobody would have been able to distinguish monkeypox from smallpox clinically. Today we have PCR and sophisticated testing techniques to make the distinction, and thus declare "smallpox" to be eradicated.

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[6] http://www.voanews.com/a/monkeypox-swings-back-to-life-102781614/155800.html

There was a famous outbreak of smallpox in a highly vaccinated Yugoslavian population in 1972. The index case had been recently vaccinated and traveled to the Middle East. By the time the epidemic was controlled in April of 1972, there were 175 cases and 35 deaths. Of note was that the older portion of the population was highly vaccinated, and the third wave of cases was almost all in people who were previously vaccinated. The WHO's own report states:

> *"In the age group 20 and over, 92 patients had previously been vaccinated while 21 were unvaccinated. The relatively large number of previously vaccinated cases among those over seven years of age indicates a substantial decrease in post-vaccinal immunity following primary vaccination, as well as a lack of successful revaccination when they were seven and 14 years old."*

Please see Dissolving Illusions page 139 for the full story.

## VACCINE SAFETY

Even if vaccines can be shown to temporarily protect people from some diseases (which is the best that can be claimed), the assurances of safety and effectiveness given to both sick and well people is not backed by historical fact or solid science in much of the medical literature.

There are peer reviewed medical articles that detail the historical tragedies with mass vaccination campaigns. There are case reports of unexpected vaccine injury and death. Today scientists only understand some of the biological mechanisms of vaccine injury and death.

We have a list of highly educated whistle blowers with integrity and courage, who were harassed and silenced by government agencies for trying to protect the public from toxic drugs and vaccines they knew were unsafe.

There are prominent vaccinologists today stating that pertussis, mumps, influenza, and measles vaccines are failing to provide good herd immunity, and that the problem is not simply the small minority of unvaccinated individuals in a community. Dr Gregory Poland of the Mayo clinic, and editor in chief of Vaccine, a prominent medical journal, has flatly stated that the measles vaccines we use today are incapable of eradicating measles, no matter how many people get vaccinated and no matter how many doses of measles vaccine they get.

> *"Multiple studies demonstrate that 2–10% of those immunized with two doses of measles vaccine fail to develop protective antibody levels, and that immunity can wane over time and result in infection (so-called secondary vaccine failure) when the individual is exposed to measles. . . . . our current tool for prevention has limitations that increasingly look to be significant enough that sustained*

> *elimination, much less eradication, are unlikely. Perhaps it is time to consider, in earnest, the development of the next generation of measles vaccines."*

Other researchers have shown that influenza vaccines induce antibodies that actually inhibit T cell immunity and are known to put the vaccinee at risk of dangerous pandemic strains the year after vaccination.

> *"Inactivated vaccines induce virus specific CD8+ lymphocyte responses inefficiently and annual vaccination with this type of vaccine may even interfere with the development of virus-specific CD8+ lymphocyte responses otherwise induced by natural infections".*[8]

My position is that the public is continually given a false sense of security about the safety and effectiveness of vaccination.

After I began my in-depth research into vaccination and vaccine policy, I foresaw that a day would come when parents could lose the right to refuse any of the 69 doses of 16 vaccines scheduled by the age of 18, the first being an aluminum loaded Hepatitis B vaccine on the day of birth.

I have spoken publicly on many areas of infant immunity, kidney function, aluminum toxicity, and the safety and effectiveness of most of the government recommended vaccines. These videos are all available for free on YouTube.

No doctor walks away from a lucrative and successful career the way I did, if there is no reason to do it. Once I knew the truth about vaccination, I could no longer participate in the deception, or promote one-size-fits-all vaccine policies that place the health of too many individuals at risk.

Vaccination is a medical procedure performed on healthy children, the outcome of which is not entirely known by doctors administering vaccines. We do know that vaccination is a trauma of considerable intensity as measured a long time ago, by Dr Del Campo in 1967.[9] He evaluated 200 children over 5 years of age after their vaccinations. This is a brief summary of his findings:

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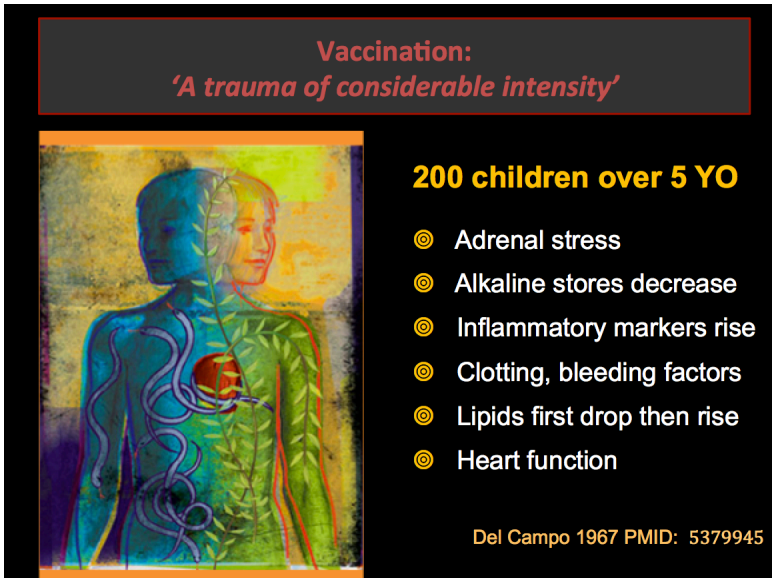
[7] http://www.ncbi.nlm.nih.gov/pubmed/22196079
[8] http://www.ncbi.nlm.nih.gov/pubmed/23002977
[9] http://www.ncbi.nlm.nih.gov/pubmed/5379945

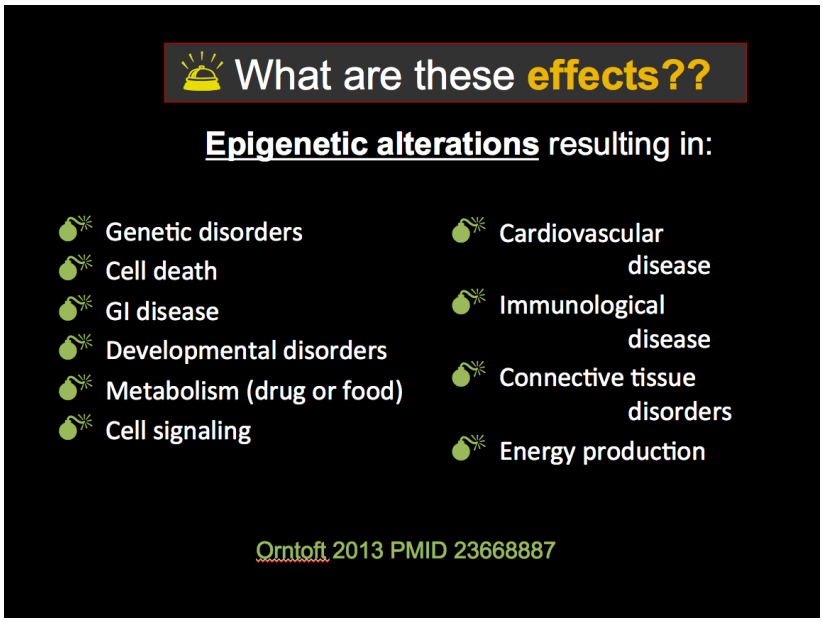



Interestingly, it is almost impossible to find any more recent studies looking at the metabolic impact of vaccines given today.

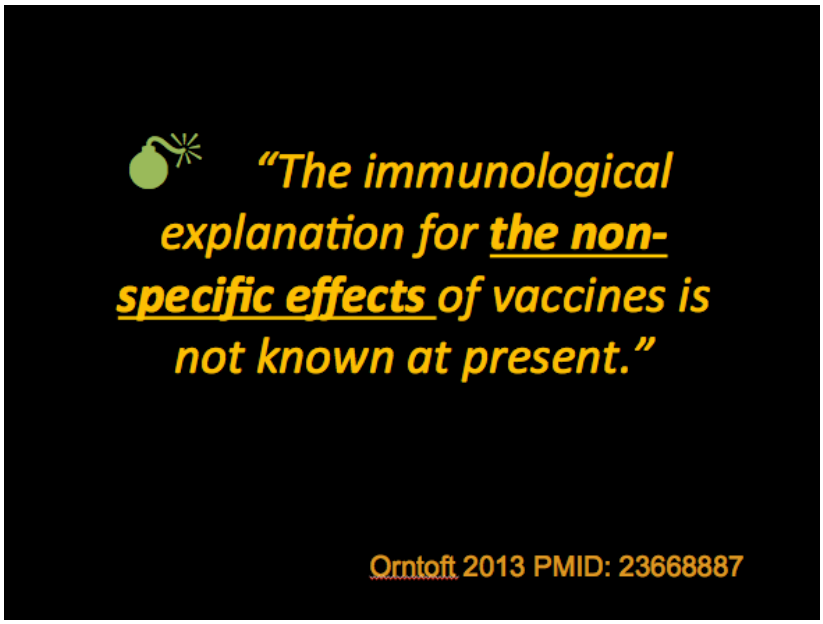
But there are recent studies that show how cancer genes, autoimmune genes, allergy and many other disease-causing genes are upregulated after vaccination. I will also include the studies by Orntoft[10] and Lahndenpera[11], and the slides in this letter.

In 2013, Dr Orntoft published research detailing the genetic network changes in white blood cells before, and six weeks after DTP booster vaccination in 8 different girls. Here is a list of the top networks altered after the vaccine.

[10] http://www.ncbi.nlm.nih.gov/pubmed/23668887
[11] http://www.ncbi.nlm.nih.gov/pubmed/18336961

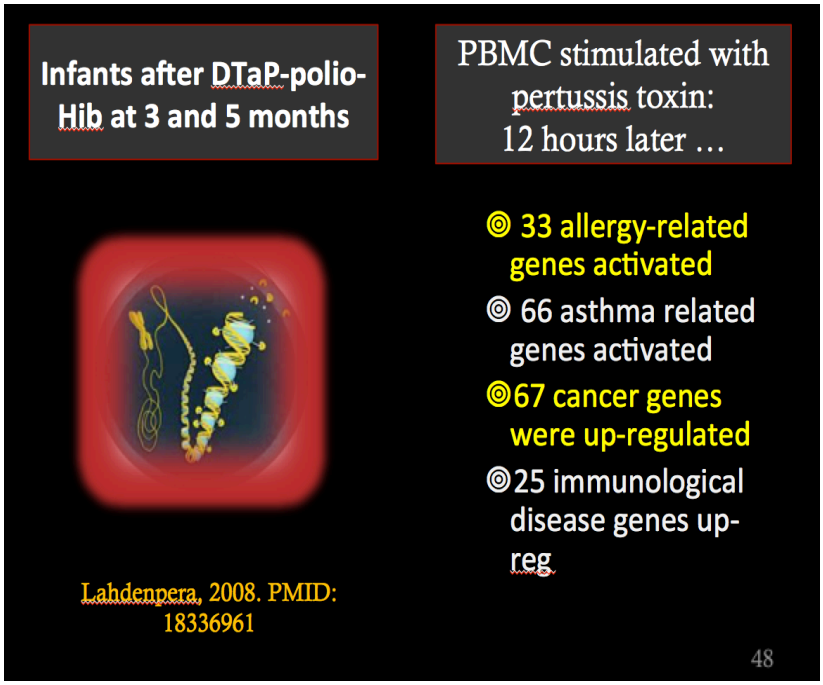



Orntoft's conclusions are as follows:

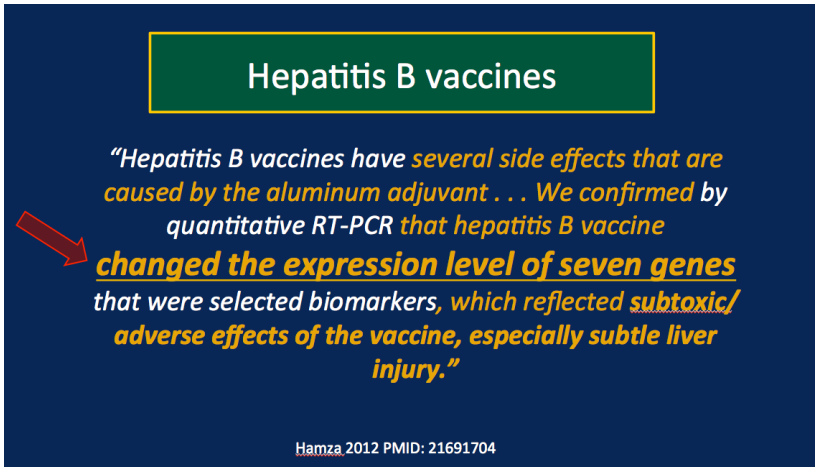



Note that each girl had different genes switched off and on. This proves that vaccines don't affect everyone in the same way, and that there is much more happening in the body after vaccination than just the stimulation of artificial vaccine acquired temporary immunity.

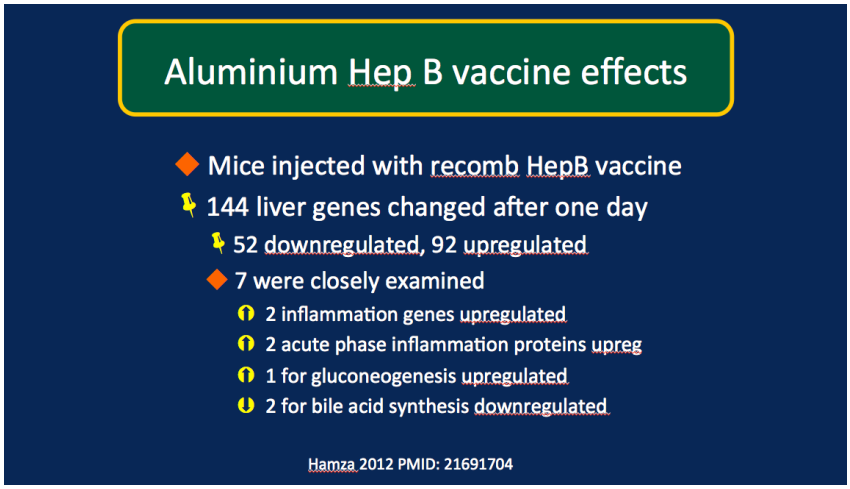
Swedish authors Lahdenpera et al., prove that what Orntoft found, is also true for DTaP as well as DTP and that the potential short and long-term adverse health outcomes from vaccinations could be quite severe.




Hepatitis B vaccines, which are mandated to children, also have be shown to carry risks of epigenetic change for the worst, as written in peer-reviewed medical journals. Note that the study by Hamza[12] only looked for a select few gene expression changes. Far more genes than these, will be activated in the body:




[12] http://www.ncbi.nlm.nih.gov/pubmed/21691704




In my opinion, because there is no study that has systematically looked for such problems during appropriate time frames, there is no guarantee of safety.

**SUMMARY AND RECOMMENDATION**

One look at these medical article summaries should alert any reader that no parent can be guaranteed that the overall health of their child will be better off by getting every dose of every federally recommended or state mandated vaccine. To force vaccination with removal of medical and religious vaccine exemptions by denying parents the right to informed consent to vaccination for their children is, in my opinion, a crime.

We have no studies looking at the long-term effects of this growing mandatory vaccination program as a whole, for outcomes such as cancer, neurologic disease, autoimmune diseases and allergies, and other chronic diseases that have become epidemic in children since the era that vaccine programs were ramped up in the 1980s and 90s.

If you think by removing the religious and medical vaccine exemptions in Virginia that you are ensuring herd immunity and protecting the public health, you just don't have all the information required to see the bigger picture.

In addition to protecting the religious belief exemption, it is equally important to protect the right of physicians to exercise professional judgment, and in their good conscience, protect the health of individual children under their care. When faced with a situation the physician deems necessary to grant children a medical vaccine exemption, the physician should not be compelled by the state to adhere to extremely narrow vaccine contraindication guidelines endorsed by the federal government or medical trade associations.

As a physician, I support the human right to informed consent to medical risk taking and believe that individual physicians should be able to exercise professional judgment and conscience when evaluating a patient's health as a fit subject for vaccination and granting a medical vaccine exemption without being questioned or sanctioned.

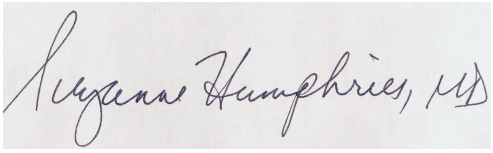
I also support the right of parents with healthy children, to exercise their right to chose not to vaccinate their children, therefore urge legislators to reaffirm freedom of thought, conscience and religion in the Commonwealth Virginia law by selecting Option 1 - Take No Action.

If you vote to remove exemptions, you should understand that as adults, you will be next in line for a barrage of mandated vaccines. That is the goal of the industry—to take away your choice as well as your right to choose for your children.

If this legislation is passed, then you will have paved the way for not just the aggressive vaccine policy of today, but of a future in which you will not be allowed any say, or to turn the clock back.

All referenced material is available in full text upon request.

Sincerely,
Suzanne Humphries, MD



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